



# Roseburg VA Medical Center Pharmacy Newsletter

November-December 2016 (Gregorian calendar)

## New VISN 20 call center improves access to pharmacy services

### Roseburg VA Medical Center

Pharmacy Dept. #119  
913 NW Garden Valley Blvd  
Roseburg, OR 97471

#### Authors:

Mary Flack, PharmD, PGY-1  
Eugenia Su, PharmD, PGY-1  
Lauren Farnsworth, PharmD, PGY-1  
Stephanie Lowry, PharmD  
Ashley Edwards, PharmD Candidate

#### Editors:

Karla Choy, PharmD  
Alison Sigler, PharmD, PGY-2

The VISN 20 Call Center is now receiving incoming calls for pharmacy. Since implementation on November 2<sup>nd</sup>, patient satisfaction has increased dramatically. The most frequent complaint was the long wait time; some patients waited 30 to 60 minutes before being helped. The average speed of answer has improved from 8 min and 25 sec to 1 min and 45 seconds. The call abandonment rate has dropped from 39% to 7%. Previously, an average of 290 calls per day were handled by two pharmacy technicians.

Overall, the VISN 20 Call Center has improved patient's accessibility to the pharmacy and has increased their ease of calling-in to refill their medications. The excellent performance so far is only reflective of the first nine days of operation and is expected to improve further.

## Spotlight on the 2016-2017 residency projects

The 2016-2017 Roseburg VA Medical Center (RVAMC) pharmacy residents have started their longitudinal residency projects!

Lauren Farnsworth, PharmD will start a project with a goal to reduce the inappropriate use of benzodiazepines in combination with opioids in the PTSD Veteran population to optimize patient safety.

The effect of battlefield acupuncture (BFA) on patients' opioid use will be examined by Mary Flack, PharmD. BFA is an alternative therapy for management of chronic pain that will soon be offered at the RVAMC.

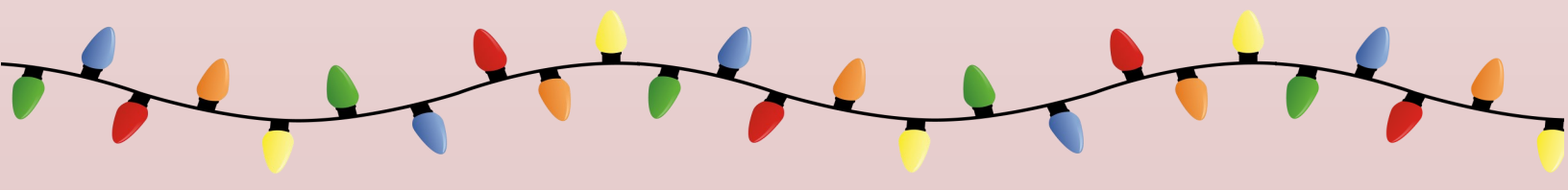
Eugenia Su, PharmD is analyzing the impact of congestive heart failure (CHF) readmission rates before and after patient follow-up with a pharmacist and within 7 days of hospital discharge for a CHF exacerbation.

Alison Sigler, PharmD (PGY-2 in Eugene) will focus on increasing primary care provider access to Veterans by increasing utilization of clinical pharmacists managing chronic disease states.



## Changes in the AudioCARE phone renewal system

The AudioCARE phone renewal system will no longer generate renewal of controlled substances. Per the DEA, all controlled substance orders must be entered by a medical professional and not the automated phone system. Prescription renewals will not be available in CPRS for the provider to sign. Instead, providers should review appropriateness of continuation of controlled substances and click to renew prescription themselves. As a result, providers may see an increase in the number of call center notes they are co-signed to.



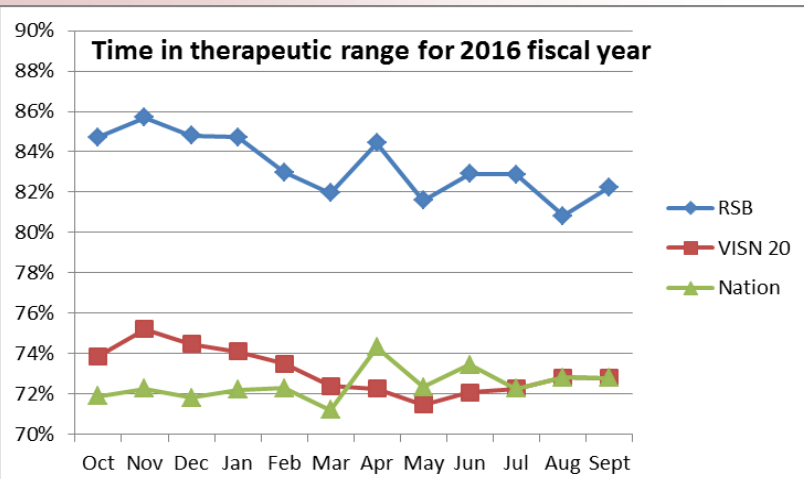
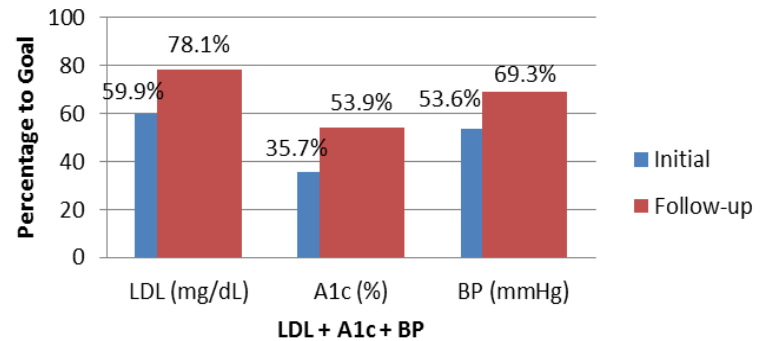


## Quality assurance updates

### Pharmacy residents improve chronic disease state management in Roseburg

As of October 2016, approximately 192 Vets are being followed by the Cardiac Risk Reduction Clinic (CRRC). Following CRRC enrollment, there was a statistically significant increase in the number of patients reaching goals set by the VA/DoD 2014 guidelines for diabetes, hypertension, and hyperlipidemia. VA providers may place CRRC consults for Vets requiring closer guideline-driven management. Eugene and Roseburg can also consult their PACT pharmacists for chronic disease state management. No on-site face-to-face clinical pharmacist visits are currently available for North Bend or Brookings clinics.

#### Percentage of Veterans at goal LDL + A1c + BP



### Warfarin time in therapeutic range (TTR) rates remain above national average

There was a slight decrease in patients with TTR for the last quarter of the 2016 fiscal year (decreased to 81% from 83%). However, RVAMC percentages still remain well above the national and VISN level of 73% for last quarter. The RVAMC has met all national goals except for percentage of staff completing anticoagulation education. Anticoagulation education will be required for all pharmacists, providers, and RNs for the 2017 fiscal year.

## Prescriptions through the Choice Program

Veterans are eligible for the VA Choice Program if their wait time for VA medical care is more than 30 days, they live more than 40 miles away from a VA medical care facility, or face an excessive travel burden. Prescriptions written by the non-VA provider for a Veteran enrolled in the Choice Program can be presented to the pharmacy either in person, by mail, or faxed. However, schedule II controlled substances must be written prescriptions either mailed or provided to the pharmacy in person. **VA providers are NOT required to re-write prescriptions written by authorized Choice providers.** Choice prescriptions must still follow the VA formulary management process. Requests for non-formulary or restricted medications through the Choice Program are handled in the same manner as requests from VA providers.

## Formulary update: nasal steroids

Fluticasone nasal spray is the only nasal steroid currently on formulary. If patients fail an adequate fluticasone trial, the next nasal steroid to consider is triamcinolone. If patients have failed both medications, the third choice agent is flunisolide.